



PTO/SB/21 (09-04)

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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number

10/716,174

Filing Date

November 17, 2003

First Named Inventor

Quan Nguyen

Group Art Unit

1641

Examiner Name

Melanine J. Yu

Total Number of Pages in This Submission

Attorney Docket Number

70-000150US

**ENCLOSURES (check all that apply)**

- ☒ Fee Transmittal Form  
☐ Fee Attached
- ☒ Amendment / Response  
☒ Amendment and Request for Reconsideration  
☐ Affidavits/declaration(s)
- ☒ Extension of Time Request
- ☒ Receipt Acknowledgement Postcard
- ☐ Information Disclosure Statement
- ☐ Certified Copy of Priority Document(s)
- ☐ Response to Missing Parts/ Incomplete Application
- ☐ Response to Missing Parts under 37 CFR 1.52 or 1.53

- ☐ PTO-1449 Form
- ☐ Cited References
- ☐ Copy of PCT Search Report
- ☐ Copy of EP Search Report
- ☐ Petition to Convert to a Provisional Application
- ☐ Power of Attorney, Revocation Change of Correspondence Address
- ☐ Terminal Disclaimer
- ☐ Small Entity Statement
- ☐ Request for Refund

- ☐ Interview Summary
- ☐ Request for Continued Examination (RCE)
- ☐ Request for Corrected Filing receipt
- ☐ Copy of Filing Receipt - marked up
- ☐ Status Letter
- ☐ Additional Enclosure(s) (please identify below):

**Authorization to Charge Deposit Account**

Please charge Deposit Account No. 50-0893 for any additional fees associated with this paper or during the pendency of this application, including any extensions of time for consideration of the documents enclosed.

Remarks

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**Firm  
or  
Individual name

Jonathan Alan Quine, Reg. No. 41,261, Quine Intellectual Property Law Group, P.C.

Signature

Date

May 3, 2007

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

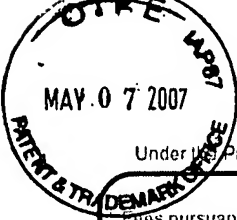
Typed or printed name

Kimberly Cheung

Signature

Date

May 3, 2007



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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL**  
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)**60.00**

## Complete if Known

|                      |                   |
|----------------------|-------------------|
| Application Number   | 10/716,174        |
| Filing Date          | November 17, 2003 |
| First Named Inventor | Quan Nguyen       |
| Examiner Name        | Melanie J. Yu     |
| Art Unit             | 1641              |
| Attorney Docket No.  | 70-000150US       |

## METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☒ Other (please identify): Deposit Account  
☒ Deposit Account Deposit Account Number: 50-0893 Deposit Account Name: Quine Intellectual Property Law Group, P.C.

For the above identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES |                       | SEARCH FEES |                       | EXAMINATION FEES |                       | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
|                  | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)         | Small Entity Fee (\$) |                |
| Utility          | 300         | 150                   | 500         | 250                   | 200              | 100                   |                |
| Design           | 200         | 100                   | 100         | 50                    | 130              | 65                    |                |
| Plant            | 200         | 100                   | 300         | 150                   | 160              | 80                    |                |
| Reissue          | 300         | 150                   | 500         | 250                   | 600              | 300                   |                |
| Provisional      | 200         | 100                   | 0           | 0                     | 0                | 0                     |                |

## 2. EXCESS CLAIM FEES

| Fee Description                                                        | Fee (\$) | Small Entity Fee (\$) |
|------------------------------------------------------------------------|----------|-----------------------|
| Each claim over 20 (including Reissues)                                | 50       | 25                    |
| Each independent claim over 3 (including Reissues)                     | 200      | 100                   |
| Multiple dependent claims                                              | 360      | 180                   |
| Total Claims                                                           |          |                       |
| Extra Claims                                                           |          |                       |
| Fee (\$)                                                               |          |                       |
| Fee Paid (\$)                                                          |          |                       |
| - 20 or HP =                                                           | x        | =                     |
| HP = highest number of total claims paid for, if greater than 20.      |          |                       |
| Indep. Claims                                                          |          |                       |
| Extra Claims                                                           |          |                       |
| Fee (\$)                                                               |          |                       |
| Fee Paid (\$)                                                          |          |                       |
| - 3 or HP =                                                            | x        | =                     |
| HP = highest number of independent claims paid for, if greater than 3. |          |                       |

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 27 CFR 1.16(s).

|              |              |                                                  |      |               |
|--------------|--------------|--------------------------------------------------|------|---------------|
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | (\$) | Fee Paid (\$) |
| - 100        | /50 =        | Round up to a whole number) x                    | =    |               |

## 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

|                                             |  |       |
|---------------------------------------------|--|-------|
| Other (e.g., late filing surcharge):        |  |       |
| Other: <u>Extension of Time for 1-month</u> |  | 60.00 |
| Other:                                      |  |       |
| Other:                                      |  |       |
| Other:                                      |  |       |
| Other:                                      |  |       |
| Other:                                      |  |       |

## SUBMITTED BY

|                   |                            |                                   |             |           |                |
|-------------------|----------------------------|-----------------------------------|-------------|-----------|----------------|
| Signature         | <u>Jonathan Alan Quine</u> | Registration No. (Attorney/Agent) | 41,261      | Telephone | (510) 337-7871 |
| Name (Print/Type) | Jonathan Alan Quine        | Date                              | May 3, 2007 |           |                |